

**Return to:** City of Houston  
Utility Customer Service  
W.A.T.E.R. Fund Section  
4200 Leeland  
Houston, TX 77023

CITY OF HOUSTON  
Public Works and Engineering Department  
Phone: (713) 371-1400 Fax (713) 371-1069

## APPLICATION FOR W.A.T.E.R. FUND ASSISTANCE

Please complete all sections. Indicate N/A if not applicable.

DATE OF APPLICATION

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

NAME: \_\_\_\_\_

Prior Assistance? Yes \_\_\_ No \_\_\_

ADDRESS: \_\_\_\_\_

Amount: \_\_\_\_\_ Date: \_\_\_\_\_

BIRTHDATE	SEX	RACE	SOCIAL SECURITY #	T.D.L. OR I.D. #	TELEPHONE
					H: _____ W: _____

*A copy of the birth certificate or Social Security card for each household member must be attached.*

Number of people living in the household (including yourself): \_\_\_\_\_

Are any household members employed by the City of Houston? YES: \_\_\_\_\_ NO: \_\_\_\_\_

**NAMES**

**BIRTHDATE**

**SOCIAL SECURITY #**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**DISABLED** ☐

Copy of written statement from physician certifying disability must accompany this application.

**ELDERLY (60+)** ☐

Is the applicant also 62 or above? If yes, then an application for waiver of late penalty is provided.  
Yes: \_\_\_\_\_ No: \_\_\_\_\_

**OTHER LOW INCOME** ☐

### ACCOUNT INFORMATION

Account number: \_\_\_\_\_

Current amount of bill: \_\_\_\_\_

A copy of the current water/sewer bill must be attached.

If the account is not in the name of the applicant, please explain here: \_\_\_\_\_

**DO NOT MAKE ENTRIES BELOW THIS LINE. DO COMPLETE THE BACK OF THIS FORM.**

**FOR CITY OF HOUSTON USE ONLY**

Eligibility Determined: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

By: \_\_\_\_\_

Awarded \$ \_\_\_\_\_ . \_\_\_\_\_

Approved: \_\_\_\_\_

Category: \_\_\_\_\_  
D E O

**UNEMPLOYMENT SUPPORT VERIFICATION**

I, \_\_\_\_\_, acknowledge that I have been unemployed since \_\_\_\_\_  
\_\_\_\_\_, and that I am receiving \$\_\_\_\_\_ per month from \_\_\_\_\_  
to help me meet living expenses. My last employer was \_\_\_\_\_, at  
Tel.# \_\_\_\_\_. I am unemployed because \_\_\_\_\_.

**DIVORCE VERIFICATION**

I, \_\_\_\_\_, acknowledge that I have been divorced for \_\_\_\_\_ mos/yrs. I  
receive \$\_\_\_\_\_ from \_\_\_\_\_, at Tel.# \_\_\_\_\_.

**INCOME VERIFICATION** ( ) Employed ( ) Self-Employed

Company Name/Employer \_\_\_\_\_ Address \_\_\_\_\_

I, \_\_\_\_\_, acknowledge that I have been employed since \_\_\_\_\_  
as a \_\_\_\_\_. My income is \$\_\_\_\_\_ per month, and I will verify  
this with an accountant's statement, 1040, or check stub.

Source of Income (money/wages/salary/other income)	Verification
Gross Monthly Income ..... \$_____	<b>Check Stubs</b> <input type="checkbox"/>
Dividends & Interest ..... \$_____	<b>SS Award Letter</b> <input type="checkbox"/>
Welfare Payments ..... \$_____	<b>Notarized Letter</b> <input type="checkbox"/>
Pensions & Annuities ..... \$_____	<b>AFDC 3087</b> <input type="checkbox"/>
Unemployment Compensation .... \$_____	<b>1040 Forms</b> <input type="checkbox"/>
Other ( _____ ) ..... \$_____	<b>W-2 Forms</b> <input type="checkbox"/>
Workman's Compensation ..... \$_____	<b>Other (specify)</b> <input type="checkbox"/>
Total Monthly Income ..... \$_____	
Less all medical bills not reimbursed by insurance (elderly only). .... \$_____	
Comments: _____ _____ _____ _____ _____	

I am aware that a person commits an offense of perjury (CLASS A MISDEMEANOR under section 37.02 of the Texas Code - PUNISHABLE BY A FINE OF UP TO \$2000 OR CONFINEMENT IN JAIL FOR UP TO ONE YEAR OR BOTH) if, with intent to deceive and with knowledge of the statement's meaning, he/she makes a false statement under oath and the statement is required by law to be made under oath. I have read the above affidavit, and all statements therein are true and correct.

\_\_\_\_\_  
Signature - Applicant or Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Intake Location Code